

Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name, and that I believe I am the original, first and sole inventor (if only one is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention described in the attached application entitled

NETWORKED SYSTEM FOR INTERACTIVE COMMUNICATION AND REMOTE MONITORING OF INDIVIDUALS.

First or Sole Inventor:	Full name: STEPHEN J. BROWN	Citizenship: U.S.A.
	Residence: 3324 Woodside Rd., Woodside, CA 94062	
	Postal Address: same as above	

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. §119
NONE			<input type="checkbox"/> Yes <input type="checkbox"/> No

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

PRIOR U. S. APPLICATION(S)

Application No.	Filing Date	Status		
60/041,746	3/28/97	<input checked="" type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input type="checkbox"/> Pending <input type="checkbox"/> Provisional
60/041,751	3/28/97	<input checked="" type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input type="checkbox"/> Pending <input type="checkbox"/> Provisional
09/201,323	11/30/98	<input type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Provisional
09/274,433	3/22/99	<input type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Provisional
08/946,341	10/7/97	<input type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Provisional
08/847,009	4/30/97	<input type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Provisional

I hereby appoint Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894, as my agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to:

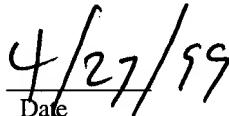
Marek Alboszta
 426 Lowell Avenue
 Palo Alto, CA 94301-3813
 Telephone: 650-321-6630
 Fax: 650-321-1621.

The attorney docket number for this case is: **RYA-129/DIV.**

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Title 18, §1001 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR SIGNATURE(S)


STEPHEN J. BROWN


 Date

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(d)) – SMALL BUSINESS CONCERN

Application No.: not yet assigned

Filing Date: filed herewith

Applicant(s): Stephen J. Brown

Title: **NETWORKED SYSTEM FOR INTERACTIVE COMMUNICATION AND REMOTE MONITORING OF INDIVIDUALS**

I hereby declare that I am the owner of, or an official empowered to act on behalf of, the entity identified below:

Name of Concern: **Health Hero Network, Inc.**

Address of Concern: **2570 West El Camino Real, Suite 111
Mountain View, CA 94040**

I hereby declare that the concern identified above qualifies as a small business concern as defined in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention identified above and described in the application for Letters Patent filed herewith.

If the rights held by the concern identified above are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name:	none	<input type="checkbox"/> Individual
Address:		<input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization

I acknowledge the duty to file, in this application for patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

ASSIGNEE: **Health Hero Network, Inc.
2570 West El Camino Real, Suite 111
Mountain View, CA 94040**

Official Authorized to Act on Behalf of Assignee:

Signature:



Name:

Stephen J. Brown

Title:

President

4/27/91
Date

POWER OF ATTORNEY BY ASSIGNEE

The undersigned assignee of the entire interest in the attached application for Letters Patent for the invention entitled:

Networked System for Interactive Communication and Remote Monitoring of Individuals

by virtue of Assignment recorded concurrently herewith hereby appoints Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894 as its agents to prosecute the attached application and to transact all business in the Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor(s) and their attorney(s) in accordance with the provisions of Rule 32 of the Patent Office Rules of Practice.

Please direct all communication relative to said application to the following correspondence address:

MAREK ALBOSZTA
Lumen
426 Lowell Avenue
Palo Alto, California 94301
Telephone: 650-321-6630
Facsimile: 650-321-1621

I am duly authorized to sign this instrument on behalf of assignee corporation. I hereby declare that, to the best of my knowledge and belief, title is in the assignee herein, and I affirm review of the Assignment document concurrently submitted and believe that the attached application has been assigned to assignee herein and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s).

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNEE: **HEALTH HERO NETWORK, INC.**

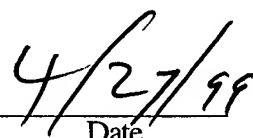
Health Hero Network, Inc.
2570 West El Camino Real
Suite 111
Mountain View, CA 94040

Official Authorized to Act on Behalf of Assignee:

Signature: 

Name: Stephen J. Brown

Title: President


Date